

Client Name: _____
(Last) (First) (Maiden)

**MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES - ALCOHOL & DRUG INFORMATION SYSTEM
CLIENT ADMISSION FORM**

1. Program Number

2. Client ID

3. Admission Date
mo day year

4. Type of Care (Use Type of Care Code Table)

5. Facility

6. Client Status

1. Admission 2. Transfer in Service

7. Case Number

8. Birth Date
mo day year

9. Sex

1. Male 2. Female

10. Race/Ethnicity

1. White 4. Alaskan Native 7. Hispanic: Puerto Rican
2. Black 5. Asian/Pacific Islander 8. Hispanic: Cuban
3. American Indian 6. Hispanic: Mexican 9. Other Hispanic

11. County of Residence (Use County Code Table)

12. Marital Status

1. Married 2. Unmarried

13. Employment Status

1. Employed Full Time 4. Not in Labor Force
2. Employed Part Time 5. Public Assistance Benefits Depleted
3. Unemployed

14. Family Income from All Sources
(Last taxable year)

15. Years of Education Completed

16. Health Insurance

1. Blue Cross/Blue Shield 5. IHS
2. Other Private Insurance 6. None
3. Medicare 7. Insurance Benefits Depleted
4. Medicaid 8. CHIP

17. Days Waiting to Enter Treatment
a. Is client waiting for next higher level of care? ☐ Check for YES

18. Number of Prior Treatment Episodes

19. IV Usage

1. Never 3. Not in Last 12 Months but Since 1978
2. During the Last 12 Months 4. Not Since 1978 but Before 1978

20. Program Referral Source (Use Program Table) ..

21. Agency Referral Source (Use Referral Code Table)

22. Admission Status

1. Voluntary 2. Forced Voluntary 3. Involuntary 4. Court Order

Item 23 - DRUG TYPE(S) - Indicate the drug problems for which the client is being admitted ranked by

- 01 = Alcohol 11 = Other Stimulants
02 = Cocaine/Crack 12 = Benzodiazepine
03 = Marijuana/Hashish 13 = Other Tranquilizers
04 = Heroin 14 = Barbiturates
05 = Non-Prescription Methadone 15 = Other Sedatives or Hypnotic
06 = Other Opiates & Synthetics 16 = Inhalants
07 = PCP 17 = Over-the-Counter
08 = Other Hallucinogens 18 = Other (specify below)
09 = Methamphetamine
10 = Other Amphetamines

Item 24 - FREQUENCY OF USE DURING MONTH PRIOR TO ADMISSION

- 01 = No Use in Past Month 04 = 3-6 Times Per Week
02 = 1-3 Times in Past Month 05 = Daily
03 = 1-2 Times Per Week

Item 25 - AGE AT FIRST USE

01 THROUGH 96 - Age of First Use

Item 26 - USUAL ROUTE OF ADMINISTRATION

- 01 = Oral 04 = Injection
02 = Smoking 20 = Other (specify below)
03 = Inhalation

Drug Patterns at Admission	Primary Problem	Secondary Problem	Tertiary Problem
23. Drug Type			
24. Frequency of Use Month Prior to Admission			
25. Age at First Use			
26. Usual Route of Administration			

27. Interim Services Provided (check for YES)

TB Services:

- a. Counseling and Education ☐
b. Referral for Testing ☐

Pregnant Women:

- a. Counseling and Education ☐
b. Referral for Testing ☐

IV Drug User

- a. Counseling and Education ☐
b. Referral for Testing ☐

28. Critical Populations (check all that apply)

Are you billing the state for this client? ☐ Check for YES

- ☐ a. DUI Offender ☐ h. On Probation
☐ b. Receiving Food Stamps ☐ i. On Parole
☐ c. Receiving Medicaid ☐ j. On Pre-release
☐ d. Receiving AFDC ☐ k. Other Incarcerated Person
☐ e. Receiving SSI ☐ l. Pregnant Woman
☐ f. IV Drug Uses ☐ m. Women w/Dependents
☐ g. Protective Services Case ☐ n. Homeless
☐ o. Mandatory Monitoring

29. Coded Remarks ..